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Bib Data Sheet

CONFIRMATION NO. 9301

SERIAL NUMBER 09/618,613	FILING DATE 07/18/2000  RULE	CLASS 345	GROUP ART UNIT 2673	ATTORNEY DOCKET NO. U11.12-0137
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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 09/02/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 22	TOTAL CLAIMS 47	INDEPENDENT CLAIMS 5
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after

Verified and Acknowledged *Allowance* *Examiner's Signature* *12.3p.09* *Initials* *L-S.*

ADDRESS

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 55402

TITLE

Mobility assist device

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )